



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Death Certificate

For Date Stamp

WARNING: False Application for a Death Certificate is a Punishable Offense

Order Info	<div style="display: flex; justify-content: space-between;"> <div> _____ + <input type="checkbox"/> SSA <input type="checkbox"/> VA = _____ Today's Date Number of Copies Government Copies (if applicable) Total Copies Requested </div> <div> <input type="checkbox"/> Cashier's Check <u>Only</u> <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (VISA/MASTER CARD ONLY) </div> </div> <div> _____ Purpose of Request </div>	Office Use Only
Death Certificate Information	<div style="display: flex; justify-content: space-between;"> <div> Name on Certificate: First Middle Last Suffix _____ Date of Birth Date of Death _____ County of Death Funeral Home _____ Special Requests (e.g., with cause, pending, additional request) _____ </div> </div>	<p><i>Insufficient Fee:</i></p> <p><input type="checkbox"/> No Fee</p> <p><input type="checkbox"/> Incorrect Fee</p> <p><input type="checkbox"/> CC Expired</p> <p><input type="checkbox"/> Need other payment type</p> <p><i>Identification:</i></p> <p><input type="checkbox"/> ID Expired/Invalid</p> <p><input type="checkbox"/> Need Clear Copy of ID</p> <p><input type="checkbox"/> Need CC Holder's ID w/Signature</p> <p><input type="checkbox"/> Need ID w/Signature</p> <p><i>Proof of Eligibility:</i></p> <p><input type="checkbox"/> Need Documents</p> <p><input type="checkbox"/> Need Signature on application</p> <p><input type="checkbox"/> Applicant Ineligible</p> <p><input type="checkbox"/> Not an AZ Record</p> <p>Other: _____</p>
Person Requesting Certificate	<div style="display: flex; justify-content: space-between;"> <div> Applicant's Full Name - printed _____ Mailing Address Street City State Zip _____ Daytime Telephone Number Email Address _____ </div> <div> Applicant's Signature - required _____ Your relationship to person on certificate – Check one **PROOF of eligibility/relationship/legal interest MUST be provided (i.e. Will, birth certificate, marriage certificate, etc.) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other _____ </div> </div>	
Notary Area	<div style="display: flex; justify-content: space-between;"> <div> State of _____, County of _____ On this _____ day of _____, 20____ before me personally appeared _____ _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document. Notary Signature _____ My Commission Expires _____ </div> <div style="text-align: center; font-size: 1.2em;"> Affix Seal/Stamp Here </div> </div>	
Verification	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Gov't issued ID (OFFICE USE ONLY) </div> <div style="border: 1px solid black; padding: 5px;"> Documents Verified (OFFICE USE ONLY) </div>	Office Use Only
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>SFN _____</p> <p>Request ID # _____</p> <p>Date Entered _____</p> <p>Date Issued _____</p> <p>Serial Number – VA copy _____</p> <p>Serial Number – SSA copy _____</p> <p>Serial Number - Certified _____</p> <p>Receipt # _____</p> </div> <div style="width: 35%;"></div> </div>		

<p>Mail Application: MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix, AZ – 85001</p> <p>Apply Online: www.VITALCHEK.com (Refer to website for current fees)</p> <p>Apply In Person: We have three locations to serve you: Central Phoenix - 3221 North 16th Street Suite 100, Phoenix 85016 West Valley - 3003 West Thomas Road Suite 200B, Phoenix 85017 East Valley - 4419 East Main Street Suite 105, Mesa 85205</p> <p>Hours of Operation: Monday-Friday, 8:00am-4:30pm, closed Federal holidays Telephone: 602-506-6805 Fees: \$20 per certified copy, \$30 per Correction or Amendment</p> <p>For answers to your questions, downloadable forms, information on acceptable IDs, and more, please visit: www.wearepublichealth.org</p>	<p style="text-align: center;"><u>Application Checklist</u></p> <p><input type="checkbox"/> Proof of Relationship enclosed if required (Will, birth certificate, marriage certificate, etc)</p> <p><input type="checkbox"/> Clear photocopy of your valid, signed government photo ID OR your signature notarized</p> <p><input type="checkbox"/> Sign the application</p> <p><input type="checkbox"/> Correct Fee enclosed (Money Order, Cashier's Check, Visa, Master Card ONLY) – DO NOT SEND CASH</p>
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Credit Card	<p>Payment information</p> <div style="display: flex; justify-content: space-between;"> <div> _____ Card number </div> <div> ____/____ Card expiration date </div> <div> <input type="checkbox"/> VISA <input type="checkbox"/> MC </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> _____ Signature of Card Holder </div> <div> \$20.00 X _____ = \$ _____ # of paid copies requested Amount to be charged </div> </div>	<p style="color: red; font-size: 0.9em;">*Must attach copy of credit card holder's valid government photo ID with signature</p>
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